

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanifation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	nent Name	*	7438	Telephone Number	Date of Inspection (mm/dd/yr) PERMIT		PERMIT #
Fresh link	4 4 5	~	1720		1 1.1.	/	19-1/43
			mber and street, city, state, zip code)	•	0/13/	2019	18-163
	Luther 1	<u> </u>	Gorgeton, IN 47122	CI4 GEZ MOI			
Owner				Purpose;	Follow-up Release Date		
M.D.	163 (a12.		1. Routine	No 10 days		
Owner's A				2. Follow-up #2	Summary of Violations:		
?.o. B.	_{rK} /830	10	Columbus, OH 43218	3. Complaint	1 2 2 2		
Person in C	Charge			4. Pre-Operational	$C \bigcirc NC \bigcirc R \bigcirc R$		
Mid	Lore	126		5. Temporary			
Responsibl	e Person's	E-mai	1	6. HACCP	Menu Type (See back of page)		
Certified F				7. Other (list)	12_	_3 X	_45
Varia	Loruze	<u>. (</u>	3/17/21)				·
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative	TOWNS A			
Decelon#	CIAC	17	Narrauye			lo Be Co	rrected By
	-						
			No violations.	•			
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			- Calo + . 1. /11 1	1 1	_		
	-		- Cabinet under lobby soda was a	lean, however -			
			710 and FCHO nitressed sod down back cabinet wall. Pla	la machine leaks	9	<u> </u>	
			down back cobject wall. Pla	will call rudi			
,			for surviving ASAP.				:
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Received by	(name and	title pr	inted):	Inspected by (name and title n	rintad):		_
				Inspected by (name and title printed):			
Passival by			wite General Muneyer	H.J.	Ingram	(EHS)	
Received by	(signature):			Inspected by (signature):	•		
1/h	<u> </u>		<u>-</u>		4		
cc:			ec:		cc:		